Case 16-11584-sr Doc 28 Filed 11/29/16 Entered 11/29/16 10:11:55 Desc Main Document Page 1 of 2

E-11								
	in this information to identify your optor 1 Holly J. Ric							
	otor 2							
Uni	ted States Bankruptcy Court for the	e: EASTERN DISTRICT	OF PENNSYLVANIA					
	se number 16-11584		-		heck if this is: An amended filing			
				_ □ A s	suppleme	nt showing postpetition chapt as of the following date:	er	
	fficial Form 106I	MM / DD/ YYYY						
S	chedule I: Your Inc	ome				1:	2/15	
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing w	ith you, do not include informa	tion about	your spo	use. If more space is neede		
1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse			
	If you have more than one job,	Employment status	■ Employed		☐ Employed			
	attach a separate page with information about additional employers.	Employment status	☐ Not employed		☐ Not employed			
		Occupation	Systems Engineer					
	Include part-time, seasonal, or self-employed work.	Employer's name	Helient Systems, LLC					
	Occupation may include student or homemaker, if it applies.	Employer's address	Langhorne, PA 19047					
		How long employed t	here? 2 months		_			
Par	t 2: Give Details About Mo	nthly Income						
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to report for any	y line, write	\$0 in the	space. Include your non-filing		
,	u or your non-filing spouse have me space, attach a separate sheet to		ombine the information for all emp	oloyers for th	nat persoi	n on the lines below. If you ne	ed	
				For Debt	tor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			\$9,7	791.70	\$ N/A _		
3.	Estimate and list monthly over	time pay.	3. +	\$	0.00	+\$ N/A		

Official Form 106I Schedule I: Your Income page 1

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 9,791.70

N/A

Deb	tor 1	Holly J. Richardson	-	С	ase r	number (if known)	16	5-11584		
	0	and the second s	á			Debtor 1	n	or Debto	spouse	
	Cop	y line 4 here	4.		\$	9,791.70	- \$		N/A	<u>\</u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	3,406.40	\$	i	N/A	1
	5b.	Mandatory contributions for retirement plans	5b.		\$	0.00	\$		N/A	<u> </u>
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.00			N/A	_
	5d.	Required repayments of retirement fund loans	5d.		\$	0.00			N/A	
	5e. 5f.	Insurance	5e. 5f.		\$ \$	256.30			N/A	
	5i. 5g.	Domestic support obligations Union dues	5g.		\$ 	0.00	- '		N/A N/A	_
	5h.	Other deductions. Specify:	5h.		\$ 	0.00	_		N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		· — B	3,662.70	-	-	N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		- B	6,129.00	- '		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	-		N/A	_
	8b.	Interest and dividends	8b.		<u> </u>	0.00	-		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$	0.00	\$		N/A	_
	8d.	Unemployment compensation	8d.		\$	0.00			N/A	<u> </u>
	8e.	Social Security	8e.		\$	0.00	\$		N/A	<u> </u>
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g.		\$	0.00 0.00	-		N/A N/A	_
	8h.	Other monthly income. Specify: 2015 tax refund pro rata	8h.		<u> </u>	460.00	_ '		N/A	_
		· · · · · · · · · · · · · · · · · · ·	_		_		- 1 Г	-		
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	_	460.00	\$		N/	Α
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	6	6,589.00 + \$		N/A	= \$	6,589.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		*-		5,303.00	_	13/7	- -	0,000.00
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe		,	•	,	n <i>Schedu</i>	le J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							\$	6,589.00
13.	Do y	you expect an increase or decrease within the year after you file this form No.	?						Combi month	ined ly income
	_	Voc Evolain:								